

# ENROLMENT FORM

**Please note:** It is essential that prior to commencement the following information is complete and up to date  
This form must be completed by a parent or guardian who has lawful authority in relation to the child.  
Please notify the centre of any change of address, phone number or care arrangements. Thank you for your cooperation.

## Child Details

|   |   |
|---|---|
| <b>Child's</b> First Name: _____  | Country of Birth: _____                         |
| Home Address: _____   | P/C: _____                                      |
| Date of Birth: ____/____/____   | Sex: M / F    Language(s) spoken at home: _____ |
| Is the child of Aboriginal and/or Torres Strait Islander descent?    Yes / No |   |

## Parent or Guardian Details

|                                      |                                  |
|--------------------------------------|----------------------------------|
| <b>Mother's</b> Full Name: _____     | Country of Birth: _____          |
| Home Address: _____                  | P/C: _____                       |
| Telephone: H _____                   | W _____    Mobile _____          |
| Date of Birth: ____/____/____        | Drivers Licence No _____         |
| Does the child live with the mother? | Yes      No      (Please circle) |
| Occupation: _____                    | Place of Employment _____        |
| Email: _____                         |                                  |
| <b>Father's</b> Full Name: _____     | Country of Birth: _____          |
| Home Address: _____                  | P/C: _____                       |
| Telephone: H _____                   | W _____    Mobile _____          |
| Date of Birth ____/____/____         | Drivers Licence No _____         |
| Does the child live with the father? | Yes      No      (Please circle) |
| Occupation: _____                    | Place of Employment _____        |
| Email: _____                         |                                  |

## Child Care Benefit & Child Care Rebate

|  |                       |
|--|-----------------------|
| Claiming Parent Name: _____  | Parent's D.O.B: _____ |
| Child's Customer Reference Number: _____   |                       |
| Parent's Customer Reference Number: _____  |                       |
| <b>Please be aware that a child can have a Customer Reference Number without having been assessed for child care benefit or child care rebate.</b> |                       |
| <b>If you would like to claim CCB and/or CCR through the centre, please attached a copy of your assessment letter.</b>                             |                       |

**THE INFORMATION BELOW IS GUARDIAN INFORMATION –**

**Emergency Contact Person other than parent**

There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted. To deal with these situations the children’s service should notify the following person who is authorised to collect and care for the child. This person must live a maximum of 30 minutes from the centre. **Identification must be produced on request from staff. Please note it is a legal requirement to provide at least two emergency contacts.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Can this person collect your child? Yes                      No                      (please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Can this person collect your child? Yes                      No                      (please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Can this person collect your child? Yes                      No                      (please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Can this person collect your child? Yes                      No                      (please circle)

**Details of Other People who can collect the Child**

If the child is not collected and the parent/s or guardian/s **cannot** be contacted, the children’s service will use this list to arrange someone to collect the child. This list may be added to throughout the year. **Identification must be produced upon request from staff.**



**Sun Protection**

In line with Sun Smart recommendations, RDCCC requires all children to be protected by SPF 30+ sunscreen when exposed to sunlight. In conjunction with RDCCC's Sun Smart Policy, sun screen will be applied to all children from all year round if the UV index for the day is over 3. Children will also be required to wear hats and Sun Smart clothing during these conditions.

Yes, **Apply** the centres SPF 30+ sunscreen, to my child as required when going outside during September through to and including April.

No **Do not apply the centres SPF 30+ sunscreen to my child, I will provide a labelled bottle of sunscreen**

**Other Information**

**IS THERE A COURT ORDER IN PLACE IN REGARDS TO THE ENROLLED CHILD?**

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. A) If these orders affect the powers of a parent or guardian of the child to:
  - Authorise the taking of the child outside the service by a staff member of the services'
  - Consent to the medical treatment of the child;
  - Request or permit the administration of medication of the child;
  - Collect the child;
- b) Give these powers to someone else;

Please describe these changes and provide the contact details of any person given these powers \_\_\_\_\_

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, development delay or disability etc) please provide details:

---

---

---

**Declaration**

I \_\_\_\_\_  
(Print Full Name)

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in the enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information
- Agree to collect or decide for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service
- Consent to the staff of the children’s service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will be responsible for any medical costs related to my child
- Consent to the staff of the children’s service administering medication if so requested by me.
- Consent to my child to being photographed during regular childcare sessions and I also consent to these photographs being used for staff study and professional development.
- Consent to the staff to take my child/ren on outings outside the premises of Roxby Downs Child Care Centre, (i.e., Woolworths, Leisure Centre, Lions Park).
- I have attached any relevant medical or allergy/anaphylaxis plans
- I understand I will be charged at full price if a booking is cancelled within a 14-day period with no medical certificate
- I agree to pay all fees within 14 days of the issue of an invoice and understand care will be cancelled if fees are outstanding past 14 days
- I understand I will be charged a late fee if I collect my child after their booked time
- Have read, understand and agree to follow the fee payment structure and policies of Roxby Downs Child Care Centre

*No outside agency or individual will be permitted to photograph the children without parental consent.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Office Use Only**

Received By: \_\_\_\_\_ Start Date: \_\_\_\_\_

Booking Form Received: \_\_\_\_\_

Immunisation Record Received: \_\_\_\_\_

Allergy/Anaphylaxis Plans: \_\_\_\_\_

Booking Schedule \_\_\_\_\_

\_\_\_\_\_